

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11646**

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		c. CITY: OR TOWN <u>Senath</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0301</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Cook</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 54</u>		5. SEX <u>Male</u>		6. COLOR (OR RACE) <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 27, 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hiram Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Cook (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hiram Cook Kennett, Mo.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock following Injury</u> ANTECEDENT CAUSES <u>Accidental Traumatism by being hit by Automobile</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E8124 25</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> <u>5 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Twp. Dunklin Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Hit by automobile while crossing Highway.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 16, 1954 10:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>4-16</u> , 19 <u>54</u> and that death occurred at <u>4:16 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Quinton Farver, M.D.</u> Quinton Farver, M.D. Coroner Dunklin Co.				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>5/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>		24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5305x</u>		REGISTRAR'S SIGNATURE <u>Earl H. Hershman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u>		ADDRESS <u>Senath, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT S-6-54
COUNTY FILE NUMBER 554-136

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Edmund L. Lawrence*

Licensed Embalmer No. 48

P. O. Address *Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.